

Interim Integrated Impact Assessment – Summary Report

1. Title of proposal

Single Point of Access Concept [Working title]

2. What will change as a result of this proposal?

Edinburgh Health and Social Care Partnership (EHSCP) are reshaping how people access services to help them get the right help at the right place at the right time.

The current system needs to be more efficient and is contributing to missed opportunities to avoid hospital attendances, admissions, increased length of stay in hospital and delayed discharges. There is a clear need to streamline access to community services, standardise referral routes and to provide rapid access to senior decisions-makers to get people in the right place, first time, every time so that best use can be made of all available resources.

The current system is cluttered, inconsistent and prone to delay due to a lack of clarity about out of hospital service provision and access routes, which can lead to hospital being the only option for some people to access services. There are also inefficiencies built into the current system whereby existing processes require all referrals to be generated by acute staff, who are not best placed to prescribe community services, as well a need for acute staff to coordinate the management of multiple referrals for different community services remotely.

EHSCP are looking at setting up a Single Point of Access (SPoA) for all community services within Edinburgh with integrated multidisciplinary in-reach services to acute hospital sites.

A SPoA would streamline the process by creating a more efficient 'first contact' model for both professionals and members of the public. It would create one place where decisions are made about out of hospital services and which would provide case management for all Edinburgh residents.

It will provide:

- improved advice, information and signposting
- more effective accessibility to services and
- enable earlier assessment, intervention.

3. Briefly describe public involvement in this proposal to date and planned

Consultation on the IJB Strategic Plan took place in 2024 and 2025. This proposal aims to deliver a key priority within that strategic plan under the Right Place, Right Care, Right Time section.

No public engagement for this concept has taken place at the time of this IIA. However, this is an interim IIA with further IIAs and public engagement planned at the design and implementation stage.

4. Is the proposal considered strategic under the Fairer Scotland Duty?

No.

5. Date of IIA

16th March 2026

6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

Name	Job Title	Date of IIA training
Sarah Hayden		Scribe (Jun-23)
Hazel Stewart		Facilitator
Andy Hall	Service Director – Strategic Planning	
Mike Massaro-Mallinson	Service Director – Operations	
Moira Pringle	Chief Finance Officer	
Hannah Cairns	Chief AHP	
Matt Kennedy	Head of Service – Assessment and Care Management	
Derek McEwan	Head of Service – Care Homes, Community Hospitals, and Tech	
Matthew Curl	Corporate Strategic Lead – Digital	
Karina O'Rourke	Programme Manager – Mental Health	
Tammi Gordon	Team Leader – Contact Centre	
Katie Bryce	Service Manager – Mental Health	

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>Health and Care Needs of People from Minority Ethnic Communities (April 2018)</p> <p>EHSCP Strategic Plan 2025-28</p> <p>Census data</p>	<p>EHSCP Strategic Plan 2025-2028 This plan covers the three financial years running from 1 April 2025 to 31 March 2028. This strategic plan has been produced with extensive input from the people of Edinburgh and organisations/teams that serve our communities.</p> <p>Home Scotland's Census provides data on Scotland’s population and demographics.</p>
Data on service uptake/access	Internal systems – TRAK/AIS/ Swift	<p>We have good data to help us understand how many referrals are sent to EHSCP services each week: For example, we know that in 2025:</p> <ul style="list-style-type: none"> • 2,029 referrals are received by EHSCP teams per week for people in their own homes. • 64 referrals are received by EHSCP teams per week for people in hospital
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation	Joint Strategic needs Assessment City of Edinburgh HSCP (2020)	<p>Provides current and projected data on the demographics within Edinburgh</p> <p>Joint strategic needs assessment - Edinburgh Health & Social Care Partnership</p> <p>There is also a specific JSNA topic paper on population health and inequalities, which demonstrates that Edinburgh generally is more affluent and has better health than other parts of Scotland, but this hides significant health inequalities in Edinburgh especially when compared with Scotland. - Edinburgh Health and Social Care Partnership - Population health and inequalities in Edinburgh</p> <p>The SIMD (Scottish Index of Multiple Deprivation) looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to</p>

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	<p>The Scottish Index of Multiple Deprivation (2020)</p> <p>Edinburgh Poverty Commission (2020)</p> <p>Poverty and LD / MH</p>	<p>services, crime and housing. A map of the geographical areas of deprivation in Edinburgh can be found using the SIMD site.</p> <p>Poverty in Edinburgh – data and evidence, Edinburgh Poverty Commission, 2020 - 15% of the population, and as many as 20% of children, live in relative poverty. This poverty is spread throughout the city, with two thirds of those living in poverty not living in areas described as deprived. The majority of those in poverty are in employment.</p> <p>There are many sources of evidence which outline that people with learning disabilities and mental health are disproportionately impacted by poverty. Below are a range of report from different bodies which support this view:</p> <p>Mind the Craic, EVOC, Aug 2020</p> <p>End Poverty in Edinburgh, CEC Progress Report, 2023</p> <p>Poverty Commission Edinburgh</p> <p>Special educational needs and their links to poverty Joseph Rowntree Foundation</p> <p>Racial inequality and mental health services in Scotland – new report calls for action Mental Welfare Commission for Scotland</p> <p>Poverty Commission - Edinburgh-Poverty-Commission-2025-Calls-to-Action.pdf</p> <p>Experience information – survey undertaken by NHS Lothian Public Health: NHS Lothian Public Health Survey Results Insights into learning disabilities and complex needs: statistics for Scotland - 16 December 2025 -...</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on equality outcomes	<p data-bbox="506 347 712 488">Scottish Government – Independent Review</p> <p data-bbox="506 568 698 638">Public Health Scotland</p> <p data-bbox="506 865 707 935">Care at Home (PHS)</p> <p data-bbox="506 1308 748 1375">Home - Learning Disability Today</p>	<p data-bbox="819 272 1688 304">These links research into equality outcomes across Scotland:</p> <p data-bbox="819 347 2042 528">The Independent Review of Adult Care in Scotland published in February 2021 set out the Scottish Government’s vision for a new health and social care system. The review both gathered information of people’s/ organisation’s views to inform the body of the review, but also the equality of outcomes for people who require support and care in Scotland were the focus on the review which emphasised people’s human rights.</p> <p data-bbox="819 568 2056 786">Timely discharge from hospital is an important indicator of equality. It is a marker that care is person-centred, effective, integrated and harm-free. A delayed discharge occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date that they are ready for discharge. More information from Public Health Scotland is available here: Delayed discharges in NHS Scotland monthly, Public Health Scotland.</p> <p data-bbox="819 865 2074 1045">Care at Home is care tailored to the needs of an individual that is provided in a person’s own home. Further information on Care at Home through a national lens is available here: Dashboard - Care at Home Statistics for Scotland: Support and services funded by Health and Social Care Partnerships in Scotland 2023/2024 - Care at Home Statistics for Scotland - Publications - Public Health Scotland.</p> <p data-bbox="819 1086 2056 1267">And this monthly publication by Public Health Scotland (PHS) (December 2025) presents the latest statistics on the total number of people waiting for an assessment of their need for social care services, the number of people waiting for a Care At Home package following an assessment and the weekly number of hours of care they are waiting for. This is aggregated Scottish data, not Edinburgh specific.</p> <p data-bbox="819 1308 2063 1375">People with learning disabilities from Black, Asian, and minoritised ethnic communities are at a higher risk of early and avoidable death, yet annual health check uptake among</p>

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	EIJB Financial Update	<p>this group is typically low. Here, Dr Jahan Foster Zabit, Senior Researcher at the Race Equality Foundation, discusses a project which is working to improve this uptake by promoting cultural sensitivity, accessible communication, and community engagement. The vital role of annual health checks: tackling health inequalities in minority ethnic groups</p> <p>The EIJB Financial Update provides some useful context and evidence of the financial position and its impact on the people of Edinburgh.</p>
Research/literature evidence	<p>Glasgow HSCP</p> <p>NHS England</p> <p>Thurrock Council</p>	<p>These links research into implementation of SPoA in other health boards across the UK:</p> <p>EQIA Report.</p> <p>Single Point of Access Guidance</p> <p>Thurrock First (SPoA) Proposal</p> <p>Thurrock First Update Report</p>
Public/patient/client experience information	<p>Scottish Government</p> <p>Public Health NHS Lothian</p>	<p>The Scottish Health and Care Experience Survey commissioned by the Scottish Government is sent randomly to around 5% of the Scottish population every two years. The latest update was received in July 2024 for the results of the 2024/5 survey. National indicators from this survey are included (from page 27)</p> <p>A consultation informed the Independent Review of Adult Care in Scotland published in February 2021 which set out the Scottish Government’s vision for a new health and social care system A National Care Service for Scotland: consultation provides more information about the consultation people had the opportunity to engage with.</p>

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	Summary of EHSCP's consultation	<p>Experience information – survey undertaken by NHS Lothian Public Health: NHS Lothian Public Health Survey Results Insights into learning disabilities and complex needs: statistics for Scotland - 16 December 2025 -...</p> <p>Appendix 4 provides a summary of the Strategic Plan 2025-2028 consultation feedback. Report from June 2025.</p>
Evidence of inclusive engagement of people who use the service and involvement findings	Edinburgh Carer's Survey 2023	To strengthen support for carers now and for future generations, VOCAL actively seeks carer views and engagement to determine what support might be important to carers in the future: VOCAL Carer Surveys - VOCAL, 2023 . Only 24% of carers report a good life balance between caring and other activity, and only 27% felt supported to continue caring.
Evidence of unmet need	<p>Public Health Scotland data</p> <p>Data on delayed discharged</p> <p>Care at Home statistics</p>	<p>On public platforms, the report is available monthly from Public Health Scotland: People requiring a social care assessment and care at home services, Public Health Scotland - Jan 2026.</p> <p>Timely discharge from hospital is an important indicator of quality. It is a marker that care is person-centred, effective, integrated and harm-free. A delayed discharge occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date they are ready for discharge. More information from Public Health Scotland is available here: Delayed discharges in NHS Scotland monthly, Public Health Scotland and here People requiring a social care assessment and care at home services, Public Health Scotland - Dec 2024</p> <p>Care at Home is care tailored to the needs of an individual that is provided in a person's own home. Further information on Care at Home through a national lens is available here: Dashboard - Care at Home Statistics for Scotland: Support and services funded by Health and Social Care Partnerships in Scotland 2023/2024 - Care at Home Statistics for Scotland - Publications - Public Health Scotland</p>

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	<p>Audit Scotland</p> <p>Edinburgh Carer’s Survey 2023</p>	<p>Audit Scotland provides further detail on the impact of delayed discharges.</p> <p>As above, the VOCAL Carers survey provides further evidence of unmet need. VOCAL Carer Surveys - VOCAL, 2023.</p>
Good practice guidelines	Various links provided which provide examples of good professional standards.	<p>These links identify examples for professional good practice:</p> <ul style="list-style-type: none"> · Health and Social Care Standards: My support, my life · Self-directed Support Framework of Standards, including practice statements and core components (www.gov.scot) · Safe staffing programme · Health and care (Staffing) (Scotland) Act 2019 · Human Rights Based Approach Scottish Human Rights Commission · Fairer duty Scotland: Guidance for public bodies · Scottish Social Services Council SSSC
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts		
Other (please specify)		<p>The Independent Review of Adult Social Care Adult Social Care: independent review, The Scottish Government, 2021</p> <p>A National Care Service for Scotland: Consultation A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)</p> <p>Inspection of adult social work and social care services: the City of Edinburgh Inspection of adult social work and social care services March 2023</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		<p>Other reference links are provided below which wider ambitions for Scottish Government, aspects of which are referenced as part of the cumulative IIA.</p> <p>Public Service Reform Strategy</p> <p>Health and Social Care Service Renewal Framework</p> <p>Scotland's Public Health Framework</p>
Additional evidence required		

8. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>Positive</p> <p>The proposed changes in how people access services should improve equity of access and quality of care for all people regardless of how and where they access the system.</p> <p>In addition, a standardised approach should reduce the variability in how people are treated as they access the system.</p> <p>The proposed approach should also ensure that the least restrictive option is taken.</p> <p>A standardised approach will give a greater opportunity to identify children at risk of harm sooner, ensuring we can stand up services to keep people safe.</p> <p>This should also improve transitions between children’s and adult services through greater integration between health and social care services.</p> <p>The proposal aims to increase the number of senior AHP and nursing roles, providing greater opportunities for career progression.</p> <p>Some roles are hybrid/remote, giving opportunities of employment for professionally registered staff that may have a disability or health issues.</p> <p>Simplified process for CEC Contact Centre staff is seen as a benefit.</p> <p>Approach will not change capacity of existing services but should give greater visibility of what services have capacity.</p>	<p>All populations</p> <p>Mental health</p> <p>Children/young people</p> <p>Staff</p> <p>All Geographic communities</p>
<p>Negative</p> <p>Proposed approach will not give an improvement to people with language barriers that require translation services – this group may still experience delays in service access and provision.</p>	<p>People where English is not their first language, asylum seekers</p>

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
<p>There is a risk of unintentionally building bias into the new system/processes. This could be mitigated by revisiting the IIA process at key stages and through engagement with the public.</p> <p>There is a risk that the new system/processes could be built in an inflexible way meaning they will not be future proofed for changing demography or need.</p> <p>The seniority and professional requirements of the additional roles being recruited to, may unintentionally exclude people from a deprived or ethnic minority background from gaining employment due to their lack of opportunities to gain higher education.</p> <p>Some specialist professions may lose skills or competencies as a result of the operating model being proposed. This could be mitigated by providing rotation with client facing activities and training that ensure professional registration can be maintained.</p> <p>EHSCP has undergone a significant period of organisational change, which can cause distress for some staff. This could be mitigated through staff engagement and following appropriate policies and procedures where relevant.</p> <p>The phased approach to implementing the new approach could result in some parts of the city/system having a disproportionate benefit to an improved system/process. The longer implementation takes, the greater inequity of access exists. This could be mitigated by robust project management and key milestones being monitored, with oversight from senior managers to ensure implementation progresses at an acceptable pace.</p>	<p>All populations</p> <p>Deprivation, minority ethnic</p> <p>Staff</p> <p>All Geographic communities</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive</p> <p>The new approach could reduce duplication of service provision, which may reduce environmental impact.</p>	<p>All</p>
<p>Negative</p>	

Environment and Sustainability including climate change emissions and impacts	Affected populations
None identified.	

Economic	Affected populations
<p>Positive</p> <p>Generation of new roles creates more employment opportunities with Edinburgh.</p> <p>If we help people of a working age access support quicker, then they will be more likely to be able to retain or regain employment.</p> <p>The new approach will standardise assessment responsibilities in line with other HSCPs.</p> <p>The new approach provides opportunities to digitally innovate and automate how people make contact and request support, and how they are directed through our system using AI.</p>	<p>All populations</p> <p>Mental health</p> <p>All populations</p> <p>All populations</p>
<p>Negative</p> <p>There is an expectation that this service will generate some efficiencies for EHSCP, which could reduce the amount of care at home services that are externally purchased. This could destabilise the external market, in particular smaller providers. Population forecasting shows that the care at home market is growing at an unsustainable rate, any efficiencies saved will likely be offset by the rate of growth reducing the likelihood of market destabilisation.</p> <p>There is a risk that some people may require a different approach to accessing services. I.e. people with complex needs that require case management. Mitigation – map all person profiles to understand all client groups and the approach they will take to accessing services. This will inform the service design.</p>	<p>All populations</p>

9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?

Not applicable.

- 10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**

Communications plan is in development and will be produced at the next IIA which will take place at the design stage.

- 11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.**

Not applicable.

12. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

- 13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:**

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing /updating	Review date
Revisiting the IIA process at key project stages and engagement with the public to ensure unintentional bias isn't built into the system.	Hazel Stewart – Programme Manager	June 2026	
Ensuring service and roles are designed in a way that staff maintain professional registration.	Professional leads	June 2026	

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing /updating	Review date
Ensure appropriate staff engagement and organisational change processes are followed appropriately.	SRO supported by Project Manager (Sarah Hayden)	June 2026	
Ensure appropriate oversight and project management processes are adopted to avoid project drift	Hazel Stewart – Programme Manager	June 2026	
Map all person profiles to understand the approach people will take to accessing services.	Sarah Hayden – Project Manager	June 2026	

14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

No.

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

A measurement framework has been developed to monitor how this proposal will impact on current performance, including monitoring for unintended consequences such as increased hospital readmissions.

In addition to this, complaints will be monitored for increased activity in this area. We will also seek feedback following implementation

16. Sign off by Head of Service



Mike Massaro-Mallinson

7 April 2026

17. Publication

Completed and signed IIAs should be sent to: integratedimpactassessments@edinburgh.gov.uk to be published on the Council website www.edinburgh.gov.uk/impactassessments

Edinburgh Integration Joint Board/Health and Social Care
sarah.bryson@edinburgh.gov.uk to be published at
www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/